

POSITION	ID NO.	DATE
CLASSIFIER		41099
EXAMINER		100
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	10/25/65
2	10/25/65
3	10/25/65
4	10/25/65
5	10/25/65
6	10/25/65
7	10/25/65
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47	10/25/65
48	10/25/65
49	10/25/65
50	10/25/65

SYMBOLS

✓	Rejected
=	Allowed
(Through number)	Canceled
-	Restricted
N	Non-elected
+	Interference
I	Appeal
A	Objected
O	

Claim	Date
51	
52	
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